## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003									1081	144	5 /	
		umn 2)		SMALL ENTITY TYPE			OTHEI SMALL	R THAN				
T	OTAL CLAIM	S	34				F	RATE	FEE	7	RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		SIC FEE	<del> </del>	OR	BASIC FEE	1
<u> </u>		ABLE CLAIMS		2 4 minus 20=				···		100		
┢			/			14		\$ 9=	126	OR	XS18=	
_	DEPENDENT (		1 0	minus 3 =		0.		(43=	U	OR	X86=	
М	ULTIPLE DEPE	NDENT CLAIM F	LESENI					145=	0	OR	+290=	ی
• 1	f the difference	e in column 1 is	zero, enter	ero, enter "0" in column 2			DTAL	501	OR	TOTAL		
٠	C	CLAIMS AS A	AMENDE	ED - PART II							OTHER	
	<del></del>	(Column 1)		Column 2) (Column 3) HIGHEST			MALL	·	OR	SMALL		
AMENDMENT A	÷	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
ΣQ	Total	•	Minus	tre .		=	X:	9=		OR	X\$18=	
ME	Independent	•	Minus	***		=	X	43=		OR	X86=	
۹ —	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1 1		
	•			45=		OR	+290=					
								TOTAL T. FEE		OR,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	R/	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	***		=	XS	9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	***		= .	X4	3=	•	OR	X86=	
<u> </u>	FIRST PRESE							<del>- : -</del>				
-		¥ .	+14			OR	+290=	•				
		•	T TIDDA	FEE		OR.	TOTAL ODIT. FEE					
		(Column 1)	(Column 3)	• • •	•	• .		•	·			
AMENDMENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA	RA		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
ے کے آ	Total	*	Minus	drift .		54	X\$	9=		OR	X\$18=	Allen .
	Independent		Minus	***		=	X4:	3=		OR	X86=	
1	FIRST PRESE	NTATION OF MU		PENDENT (	CLAIM		+14	$\overline{\cdot}$	$\overline{\cdot}$		+290=	· .
• H	the entry in colum	nn 1 is less than the	entry in coli	irmn 2, write 1	O" in icolu	.mn 3.	·	DTAL		OR L	TOTAL	· · · · · · · · · · · · · · · · · · ·
H	the "Highest Nun	nber Previously Pai mber Previously Pa	d For IN TH	IS SPACE IS I	ess than	20, enter "20."	ADDIT.		النسا	OR A	DOTT. FEEL	
T	he "Highest Num	ber Previously Paid	For (Total o	r Independen	t) is the	highest number	found in t	he appro	opriate box	in colu	mn 1. 🔌	

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